

ROUTING AND TRANSMISSION SLIP		Date	
TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	DT		
2.			
3.			
4.			
5.	Action	File	Note and Return
	Approval	For Clearance	Per Conversation
	As Requested	For Correction	Prepare Reply
	Circulate	For Your Information	See Me
	Comment	Investigate	Signature
	Coordination	Justify	
REMARKS			

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

5041-102

* U.S. GPO: 1988 - 241-174

Room No.—Bldg.

Phone No.

8361
OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206